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|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------|------------------------------------|------------------------------------------------------------------|---------------|---------------------------------------|--------------|--|-------------------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                  | Application or Docket Number<br><b>10/584,414</b> |                                    | Filing Date<br><b>02/02/2007</b>                                 |               | <input type="checkbox"/> To be Mailed |              |  |                         |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                       |                                                   |                                    | SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY |               |                                       |              |  |                         |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                  | NUMBER EXTRA                                      |                                    | RATE (\$)                                                        |               | FEE (\$)                              |              |  |                         |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                               |                                                                                          | N/A                                                                                                                                                                                                                           |                                  | N/A                                               |                                    | N/A                                                              |               | N/A                                   |              |  |                         |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                              |                                                                                          | N/A                                                                                                                                                                                                                           |                                  | N/A                                               |                                    | N/A                                                              |               | N/A                                   |              |  |                         |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                         |                                                                                          | N/A                                                                                                                                                                                                                           |                                  | N/A                                               |                                    | N/A                                                              |               | N/A                                   |              |  |                         |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | minus 20 = *                                                                                                                                                                                                                  |                                  |                                                   |                                    | X \$ =                                                           |               | X \$ =                                |              |  |                         |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | minus 3 = *                                                                                                                                                                                                                   |                                  |                                                   |                                    | X \$ =                                                           |               | X \$ =                                |              |  |                         |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                 |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                       |                                                   |                                    | (Column 3)                                                       |               |                                       | SMALL ENTITY |  | OTHER THAN SMALL ENTITY |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                         | 07/31/2009                                                                               |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT |                                                   | HIGHEST NUMBER PREVIOUSLY PAID FOR |                                                                  | PRESENT EXTRA |                                       | RATE (\$)    |  | ADDITIONAL FEE (\$)     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | * 6                              |                                                   | Minus                              |                                                                  | ** 20         |                                       | = 0          |  | OR X \$52= 0            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | * 2                              |                                                   | Minus                              |                                                                  | ***3          |                                       | = 0          |  | OR X \$220= 0           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | TOTAL ADD'L FEE                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | OR TOTAL ADD'L FEE 0                                                                     |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                               | (Column 2)                       |                                                   |                                    | (Column 3)                                                       |               |                                       | RATE (\$)    |  | ADDITIONAL FEE (\$)     |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT |                                                   | HIGHEST NUMBER PREVIOUSLY PAID FOR |                                                                  | PRESENT EXTRA |                                       | RATE (\$)    |  | ADDITIONAL FEE (\$)     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | *                                |                                                   | Minus                              |                                                                  | **            |                                       | =            |  | OR X \$ =               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | *                                |                                                   | Minus                              |                                                                  | ***           |                                       | =            |  | OR X \$ =               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | TOTAL ADD'L FEE                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   | OR TOTAL ADD'L FEE 0                                                                     |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |
| Legal Instrument Examiner:<br><i>/Trina Steptoe/</i>                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                                                                                               |                                  |                                                   |                                    |                                                                  |               |                                       |              |  |                         |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*